

## DOH COVID-19 Vaccine Implementation Collaborative Minutes:

September 7, 2022 | 4:00pm – 5:30pm

### I. Welcome & Land Acknowledgment – Mulki Mohamed, Thought Partner

- This session was facilitated by Mulki Mohamed, who is a Managing Editor at Runta News, a multiethnic media organization. Learn more about Runta News here: [runtanews.com](https://runtanews.com).

### II. Updates and Reminders from DOH

- DOH wants to hear from you on our response to the COVID-19 pandemic! Your feedback will be helpful to inform DOH's response to future pandemics and disasters.
  - i. [DOH After Action Review Survey \(available in 36+ languages\)](#)
- Collaborative Moving Forward Survey – Next steps
  - i. This Collaborative is expanding beyond solely a focus on COVID-19 to address additional health topics. A survey was shared a few weeks ago and received 30 responses.
  - ii. The next steps include analyzing these responses and providing an overview at our next Collaborative session.
  - iii. Although this survey has ended, you are welcome to continue to share your feedback related to the Collaborative via email. Please send your feedback to [Vax.Collaborative@doh.wa.gov](mailto:Vax.Collaborative@doh.wa.gov) or [Fathiya.Abdi@doh.wa.gov](mailto:Fathiya.Abdi@doh.wa.gov).

### III. Relational Briefing: COVID-19 Vaccine Boosters – Bethany Liard, COVID-19 Planning and Response Team

- For a detailed slide deck, please see [here](#).
- The updated booster has two parts: the original vaccine and the variant-specific vaccine.
  - i. The variant-specific part targets the dominant variants circulating the world at this time: BA.4 and BA.5.
- Boosters that were previously available are **no longer** authorized for use. The CDC recommends that anyone who wants a booster should get the updated one.
- Both Pfizer and Moderna have released updated boosters. Children 12-17 can receive the Pfizer booster and people 18 and older can receive either the Pfizer or Moderna booster.
- Novavax recipients who could previously not receive booster doses are now eligible for the new updated booster.
- DOH anticipates a high uptake of the new booster dose.
- The CDC wants people to stay up to date with their current vaccines. People should get their primary vaccine series and most recent booster dose recommended.

- Regardless of how many booster doses someone has received, everyone ages 12 and older should get one bivalent booster dose.

### **Population considerations**

- The demand for this new booster will be high while the vaccine supply will be ramping up.
- DOH's vaccine team has created messaging for providers and local health jurisdictions that encourages them to focus their early distribution based on several considerations and strategies.
  - i. Considerations and strategies: Preventing severe illness, minimizing the spread of disease, and protecting communities who have been disproportionately affected by COVID-19.
- This is not a rigid prioritization, but rather a tool that providers can use to ensure they're reaching the populations that need this new updated vaccine the most. Everyone will be eligible for the booster from the start.
- Prevent severe illness
  - i. To prevent severe illness, some groups are highly recommended to receive the updated booster.
  - ii. This includes people aged 50 and older, people with [certain medical conditions](#), and [certain immunocompromised individuals](#).
- Minimize spread of disease
  - i. This strategy targets people who are in contact with many other people.
  - ii. This includes people who live in multigenerational households, live or work in congregate settings, are at higher risk for exposure at their workplace, and experience homelessness.
- Protect communities who have been disproportionately affected by COVID-19
  - i. This strategy ensures that marginalized populations that are disproportionately affected by COVID-19 have resources to get this updated booster.
  - ii. Some examples of marginalized populations disproportionately affected by COVID-19 include people of color, people with limited English proficiency, people with disabilities, newly arrived immigrants and refugees, individuals who are homebound, and people with access barriers to healthcare.
- *Disclaimer:* This is not an exhaustive list. This list is meant for providers to use to guide their distribution of the updated booster in their community.
- Everyone should make an appointment for the updated booster, but there may be limited appointments or resources, so this messaging is meant to assist providers if they find themselves with limited supply.
- The Care-a-Van will soon be able to provide the updated booster and is accepting event requests to distribute it.

- i. Submit a request at [doh.wa.gov/careavan](https://doh.wa.gov/careavan).
- Resources
  - i. [Omicron COVID-19 vaccine boosters now authorized for certain individuals | Washington State Department of Health](#)
  - ii. [Vaccine Booster Doses | Washington State Department of Health](#)
  - iii. [Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC](#)
  - iv. [Care-a-Van | Washington State Department of Health](#)
- For questions about this presentation or regarding the COVID-19 Vaccine Planning and Response, please contact Bethany Laird at [bethany.laird@doh.wa.gov](mailto:bethany.laird@doh.wa.gov).

**IV. Relational Briefing: Monkey Pox – Alex Cox, Kathy Bay, Epidemiology and data update**

- As of September 5, there have been 471 confirmed and probable cases. DOH has seen a rapid increase in cases followed by some decrease over the last few weeks.
  - i. DOH has observed a steady decline in cases, but we should also consider that the last 12 days of data are incomplete.
- Seattle-King County has had the greatest number of cases (over 100) followed by Snohomish and Pierce Counties with between 10 and 100 cases.
- Cases are highest in the 25-34 age group (37% of cases) and lowest in under 18 and above 65 age groups (less than 1.6% for each age group). Most of the reported cases are in males (97% of cases).
- The highest percentage of cases are in white people (32% of cases). All other listed races (Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander) make up less than 10% of cases for each race.
  - i. About 10% of cases list race as “other” and in 25% of cases the race is unknown. DOH is working to improve reporting to more accurately capture race distribution.
  - ii. For ethnicity, 60% of cases are in non-Hispanic people, 25% in Hispanic people, and 14% are unknown.
- If you have questions about MPV case rates and/or specific data, please email [monkeypoxdata@doh.wa.gov](mailto:monkeypoxdata@doh.wa.gov).

**Vaccine update**

- Monkeypox is an infection caused by a virus.
- DOH is using the acronym MPV to refer to it. MPV doesn't come from monkeys, but it comes from other animals.
- MPV is not very common in the US. It is not considered endemic, which means that it would be a virus found here and spread to other countries.
- How it is spread

- i. MPV is spread from person to person with any kind of close, skin-to-skin contact
  - ii. It is not an STD (sexually transmitted disease), but that kind of close contact can contribute to the spread of the virus.
  - iii. MPV can spread from people to animals and animals to people.
  - iv. You can also become infected by touching contaminated surfaces like bedding or clothing.
  - v. It can also be spread through direct and prolonged face-to-face contact (for example, sitting next to someone for 6 hours without a mask).
- You are considered contagious when you develop symptoms of MPV.
- MPV is similar to chickenpox, but it causes deeper wounds.
- According to the CDC, there are 54,400 cases worldwide in locations that have not previously reported MPV. There are 20,000 cases in the US and 474 in Washington.
- Symptoms
  - i. Almost everyone has a rash, but you can also develop a fever, a headache, and swollen lymph nodes.
  - ii. Rashes turn into raised bumps that fill with fluid and eventually scab over.
  - iii. You are considered contagious until your wounds are completely healed.
- What to do
  - i. Getting vaccinated right away may prevent infection if you have had close contact with a person who has it or is suspected to have it.
    - 1. Vaccination can prevent symptoms from developing if you get it within four days of exposure to the virus. If you receive the vaccine between four and fourteen days of exposure, it can still limit the severity of your symptoms.
  - ii. Isolate and get medical assistance
    - 1. Don't take care of other people or pets.
    - 2. Your medical provider can help to determine whether your rash is MPV or something else. They will also discuss treatment options, if necessary.
- Treatment and vaccination
  - i. There have been zero confirmed cases of death from MPV in the US.
  - ii. Most people recover without any treatment.
    - 1. However, the rash can be painful and cause scarring, so we want to limit the virus' spread.

- 2. Most people who are at higher risk of other infections are also at higher risk of more severe symptoms.
    - iii. Antiviral medications are available for specific circumstances.
    - iv. Only get vaccinated if you have been exposed or are at risk
      - 1. Even if you received a smallpox vaccine, it has waning immunity. You should still get an MPV vaccine if you are at risk or have been exposed.
- Vaccine
  - i. The MPV vaccine is a two-dose series that can be given two different ways: intradermally or subcutaneously.
  - ii. This vaccine is fully authorized for subcutaneous injection in people 18 and older. It is under emergency use authorization (EUA) for subcutaneous injection in people under 18 and for intradermal injection in people over 18.
- Community feedback
  - i. DOH is moving away from using terms like PEP++ (personal protection for individuals at high risk-based on the population of individuals where the virus has been spreading) and PrEP (pre-exposure prophylaxis).
  - ii. DOH is focusing on reaching out to communities to help support vaccination, to help support access, and to provide information to individuals who are at high risk.
  - iii. Expanding eligibility makes it less necessary for community members to explain significant personal details, which is important in some communities that may be more socially conservative.
- Vaccine tracking and provider agreement
  - i. The [Provider Agreement](#) will be sent to all providers from your health department who receive the vaccine.
    - 1. This ensures that each vaccine administration is recorded and tracked.
  - ii. There is also a [Provider Checklist](#) is available to assist with communicating key expectations for providers.
- **Call 1-833-829-HELP for assistance available in 240 languages.**
- Resources:
  - i. [DOH Monkeypox information \(English\)](#)
  - ii. [DOH Monkeypox information \(Spanish\)](#)

## V. **Naisha Williams - Centering Equity & Access in MPV Response**

- DOH is applying best practices learned from COVID-19 to MPV.
- To reduce stigma, DOH will not be calling it monkeypox, but MPV.
- DOH has activated the incident team for MPV including an Equity Officer
  - i. The Equity Officer's role is to ensure there an equity and social justice lens incorporated in MPV response as well as community

engagement and coordination with local health jurisdictions to determine what their plans are for vaccine distribution and allocation for communities most impacted.

- One of the first things that DOH did when MPV cases started to increase was set up a similar collaborative for partners that directly serve the LGBTQ+ community.
  - i. This allowed DOH the opportunity to work directly with partners around feedback and recommendations for response and outreach.
- DOH has used the maximum allocation from the federal government to order as many MPV vaccines as possible.
- DOH is asking what we can do to be better coordinated as a state. What can we do to reach gap areas/areas in need without overlapping?

#### **VI. Closing Remarks**

- If you would like to connect with the Collaborative team, please email [Vax.Collaborative@doh.wa.gov](mailto:Vax.Collaborative@doh.wa.gov).